

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08966

1. Entity Name

LION'S ROAR INTERNATIONAL, INC.

FILED

May 03, 2000 8:00 am
Secretary of State

05-03-2000 90091 024 ****61.25

Principal Place of Business

Mailing Address

608 OAKLAND AVE
OAKLAND FL 34760
US

P.O. BOX 751
OAKLAND FL 34760-0751
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2525611

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRALAND, DAVID D
608 W. OAKLAND AVE.
OAKLAND FL 34760

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRALAND, DAVID D.	
STREET ADDRESS	1015 GLENSPRINGS DRIVE	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRALAND, JUDY	
STREET ADDRESS	1015 GLENSPRINGS AVE.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALDERMAN, STEVE	
STREET ADDRESS	7211 SEAMANS BLUFF	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	O	<input checked="" type="checkbox"/> Delete
NAME	MCDUFFIE, JAMES	
STREET ADDRESS	527 PITT ST.	
CITY-ST-ZIP	CLERMONT FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, ALLEN	
STREET ADDRESS	7353 RADIANT CIR	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	O	<input type="checkbox"/> Delete
NAME	WATSON, JAMES	
STREET ADDRESS	1217 BLUE SPRING CT.	
CITY-ST-ZIP	OCFEE FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)